

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Delaware
(State)Case number (*If known*): _____ Chapter 7 Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Innovate Labs LLC</u>		
<hr/>			
2. All other names debtor used in the last 8 years	<hr/> <hr/> <hr/>		
Include any assumed names, trade names, and <i>doing business as</i> names	<hr/> <hr/> <hr/>		
<hr/>			
3. Debtor's federal Employer Identification Number (EIN)	<u>4 7 - 4 6 0 6 8 5 7</u>		
<hr/>			
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business	
<u>4845 Pearl East Circle</u>		<hr/>	
Number	Street	Number	Street
<u>Suite 118 PBM 318052</u>		<hr/>	
P.O. Box	<hr/>		
Boulder	CO	80301	<hr/>
City	State	ZIP Code	City
Location of principal assets, if different from principal place of business			
<hr/>			
5. Debtor's website (URL)		<u>getlantern.org</u>	
<hr/>			

Debtor	Innovate Labs LLC Name	Case number (if known)
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6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply:

Tax-exempt entity (as described in 26 U.S.C. § 501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5 1 3 2

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7
 Chapter 9

Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

No

Yes. District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

Debtor	<u>Innovate Labs LLC</u>		Case number (if known) _____	
	Name _____			
10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ When _____ Case number, if known _____		
List all cases. If more than 1, attach a separate list.				
11. Why is the case filed in <i>this</i> district?		<i>Check all that apply:</i> <input checked="" type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.		
12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed. Why does the property need immediate attention? (Check all that apply.) <input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____ <input type="checkbox"/> It needs to be physically secured or protected from the weather. <input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). <input type="checkbox"/> Other _____		
Where is the property? Number _____ Street _____ _____ City _____ State _____ ZIP Code _____				
Is the property insured? <input type="checkbox"/> No <input type="checkbox"/> Yes. Insurance agency _____ Contact name _____ Phone _____				
Statistical and administrative information				
13. Debtor's estimation of available funds		<i>Check one:</i> <input checked="" type="checkbox"/> Funds will be available for distribution to unsecured creditors. <input type="checkbox"/> After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.		
14. Estimated number of creditors		<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000

Debtor Name	<u>Innovate Labs LLC</u>			Case number (if known)
15. Estimated assets	<input type="checkbox"/> \$0-\$50,000	<input checked="" type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion	\$0-\$50,000
	<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion	\$50,001-\$100,000
	<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion	\$100,001-\$1 million
	<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion	
16. Estimated liabilities	<input type="checkbox"/> \$0-\$50,000	<input checked="" type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion	\$0-\$50,000
	<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion	\$50,001-\$100,000
	<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion	\$100,001-\$1 million
	<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion	

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/08/2024
MM / DD / YYYY

X /s/ Adam Fisk

Signature of authorized representative of debtor

Adam Fisk

Printed name

Title CEO and Director

18. Signature of attorney

X /s/ Joseph C. Barsalona II

Signature of attorney for debtor

Date 10/8/2024

MM / DD / YYYY

Joseph C. Barsalona II

Printed name

Pashman Stein Walder Hayden P.C.

Firm name

824 North Market Street, Suite 800

Number Wilmington Street

City

DE State 19801 ZIP Code

302-592-6496

Contact phone

jbarsalona@pashmanstein.com

Email address

6102

Bar number

DE

State

**UNANIMOUS WRITTEN CONSENT OF THE
BOARD OF MANAGERS OF
INNOVATE LABS, LLC**

October 7, 2024

The undersigned, being all of the members of the board of managers (the “Board”) of Innovate Labs LLC, a Delaware limited liability company (“Company”), hereby take, pursuant to the Delaware Limited Liability Company Act and in accordance with Second Amended and Restated Limited Liability Company Agreement of Company, dated January 31, 2020 (the “LLC Agreement”), the following actions and adopt the following resolutions by written consent in lieu of a meeting of the Board, with the same force and effect as if taken at a meeting of the Board:

WHEREAS, Section 6.1(c) of the LLC Agreement provides that the Board has the ultimate power and authority to manage the business and affairs of the Company; and

WHEREAS, Section 6.3(c) of the LLC Agreement provides that the Board may act by unanimous written consent; and

WHEREAS, the Board has reviewed and considered, among other things, the financial condition of the Company on the date hereof; and

WHEREAS, the Board acknowledges that the financial condition of the Company is dire due to the diminishing financial prospects of the Company and other pending litigation; and

WHEREAS, the Board has received, reviewed, and considered the recommendations of the Company’s legal and other advisors as to the relative risks and benefits of pursuing a bankruptcy case under the provisions of chapter 7 of title 11 of the United States Code (the “Bankruptcy Code”); and

WHEREAS, the Board has the authority to authorize a bankruptcy filing under chapter 7 of the Bankruptcy Code for the Company,

NOW, THEREFORE, BE IT RESOLVED, that, with respect to the Company, the Board has determined that it is desirable and in the best interests of the Company, its stockholders, creditors, and other interested parties that a voluntary petition (the “Petition”) be filed by the Company under the provisions of chapter 7 of the Bankruptcy Code in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”); and be it

FURTHER RESOLVED, that the undersigned and any duly appointed officer of the Company (each, an “Authorized Person”), acting individually or jointly, is hereby authorized, empowered, and directed, with full power of delegation, to negotiate, execute, verify, deliver, and file with the Bankruptcy Court, in the name and on behalf of the Company, and under its corporate seal or otherwise, all petitions, schedules, statements, motions, lists, applications, pleadings, papers, affidavits, declarations, orders, plans, and other documents (collectively, the “Chapter 7 Filings”) (with such changes therein and additions thereto as any such Authorized Person may

deem necessary, appropriate or advisable, the execution and delivery of any of the Chapter 7 Filings by any such Authorized Person with any changes thereto to be conclusive evidence that any such Authorized Person deemed such changes to meet such standard); and be it

FURTHER RESOLVED, that any Authorized Person, in each case, acting individually or jointly, be, and each hereby is, authorized, empowered, and directed, with full power of delegation, in the name and on behalf of the Company, to take and perform any and all further acts and deeds that such Authorized Person deems necessary, appropriate, or desirable in connection with the Company's chapter 7 case (the "Chapter 7 Case") or the Chapter 7 Filings, including, without limitation, (i) the payment of fees, expenses and taxes such Authorized Person deems necessary, appropriate, or desirable, and (ii) negotiating, executing, delivering, performing and filing any and all additional documents, schedules, statements, lists, papers, agreements, certificates and/or instruments (or any amendments or modifications thereto) in connection with, or in furtherance of, the Chapter 7 Case with a view to the successful prosecution of the Chapter 7 Case (such acts to be conclusive evidence that such Authorized Person deemed the same to meet such standard); and be it

FURTHER RESOLVED, that the retention of the law firm of Pashman Stein Walder Hayden, P.C. ("Pashman Stein"), to represent the Company as bankruptcy counsel on the terms set forth in its engagement letter with the Company and to represent and assist the Company in preparing and filing the Petition, the Chapter 7 Filings, and related forms, schedules, lists, statements and other papers or documents is hereby approved, adopted, ratified and confirmed in all respects; and it be

FURTHER RESOLVED, that all of the acts and transactions relating to matters contemplated by the foregoing resolutions, which acts and transactions would have been authorized and approved by the foregoing resolutions except that such acts and transactions were taken prior to the adoption of such resolutions, be, and they hereby are, in all respects adopted, confirmed, approved, and ratified.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned, being all of the members of the board of managers of Innovate Labs, LLC, having adopted the foregoing resolutions as of the date first set forth above.

BOARD OF MANAGERS OF INNOVATE LABS, LLC:



Adam Fisk

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:
Innovate Labs LLC.
Debtor.¹

Chapter 7
Case No. 24-_____ ()

CORPORATE OWNERSHIP STATEMENT AND LIST OF EQUITY HOLDERS

Pursuant to Rules 1007(a)(1), 1007(a)(3), and 7007.1 of the Federal Rules of Bankruptcy Procedure, the following are equity holders, other than governmental units, that directly or indirectly own 10% of more of any class of the Debtor's equity interests:

Name and last known address or place of business of holder	Percentage of Ownership
Adam Fisk [REDACTED]	47.67%
Niall Donnelly [REDACTED]	47.67%

¹ The last four digits of the Debtor's federal tax identification number are 6857. The Debtor's mailing address is 4845 Pearl East Circle, Suite 118, PBM 318052, Boulder, CO 80301.

Fill in this information to identify the case and this filing:

Debtor Name	<u>Innovate Labs LLC</u>
United States Bankruptcy Court for the:	District of <u>Delaware</u> (State)
Case number (if known):	_____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration Corporate Ownership Statement

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/8/2024
MM / DD / YYYY

X/s/ Adam Fisk
Signature of individual signing on behalf of debtor

Adam Fisk
Printed name

CEO and Director
Position or relationship to debtor

Fill in this information to identify the case:Debtor name Innovate Labs LLCUnited States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____

 Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*\$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 1,276,277.32**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 1,276,277.32**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$ 0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*\$ 4,510.30**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+\$ UNDETERMINED**4. Total liabilities**

Lines 2 + 3a + 3b

\$ UNDETERMINED

Fill in this information to identify the case:

Debtor name	Innovate Labs LLC
United States Bankruptcy Court for the:	District of Delaware (State)
Case number (If known):	_____

Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2. Cash on hand:			\$ 5,546.31
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm) 3.1. Chase Bank	Type of account Checking	Last 4 digits of account number 7386	\$ 120,965.04
3.2. _____	_____	_____	\$ _____
4. Other cash equivalents (Identify all)			
4.1. Crypto currency in Bitmart accounts	_____	_____	\$ 24,601.71
4.2. PayPal	_____	_____	\$ 0.00
5. Total of Part 1 Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			\$ 151,113.06

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor

Innovate Labs LLC

Name _____

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. <u>D&O Insurance, Mellennia, LLC</u>	\$ <u>5,632.34</u>
8.2. <u>Traveler's Insurance for EPLI</u>	\$ <u>1,114.68</u>

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 6,747.02**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**11. Accounts receivable (see Addendum A)**

11a. 90 days old or less:	\$ <u>61,283.05</u>	-	\$ <u>33,497.06</u>	= →	\$ <u>27,785.99</u>
face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	\$ <u>13,545.98</u>	-	\$ <u>13,545.98</u>	= →	\$ <u>0.00</u>
face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 27,785.99**Part 4: Investments****13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____	_____	\$ _____
14.2. _____	_____	\$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____	_____ %	_____	\$ _____
15.2. _____	_____ %	_____	\$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____	_____	\$ _____
16.2. _____	_____	\$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Innovate Labs LLC

Name _____

Case number (if known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

 No. Go to Part 6. Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

MM / DD / YYYY \$ _____ \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

 No. Go to Part 7. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

\$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

\$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

\$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

\$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

\$ _____ \$ _____

Debtor

Innovate Labs LLC

Name _____

Case number (if known) _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	\$ _____	\$ _____
40. Office fixtures	\$ _____	\$ _____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	\$ _____	\$ _____
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles	\$ _____	\$ _____	\$ _____
42.1 _____	\$ _____	\$ _____	\$ _____
42.2 _____	\$ _____	\$ _____	\$ _____
42.3 _____	\$ _____	\$ _____	\$ _____
43. Total of Part 7.	Add lines 39 through 42. Copy the total to line 86.	\$ _____	\$ _____
44. Is a depreciation schedule available for any of the property listed in Part 7?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor

Innovate Labs LLC

Name _____

Case number (if known) _____

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Debtor

Innovate Labs LLC
Name _____

Case number (if known) _____

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Copyrights to code repositories _____	\$ _____	Cost-based	\$ 1,088,247.92
61. Internet domain names and websites getlantern.org; getlantern.com; getlantern.org; firetweet.io; lantern.network; natty.io _____	\$ _____	Market-based	\$ 1,583.33
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____
66. Total of Part 10.	\$ 1,089,831.25		

Add lines 60 through 65. Copy the total to line 89.

Debtor

Innovate Labs LLC
Name _____

Case number (if known) _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

**Current value of
debtor's interest****71. Notes receivable**

Description (include name of obligor)

Total face amount	-	doubtful or uncollectible amount
-------------------	---	----------------------------------

= ➔

\$

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

CA Tax Return Refund	Tax year	2023
_____	Tax year	\$ 800
_____	Tax year	\$ _____
_____	Tax year	\$ _____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Debtor

Innovate Labs LLC
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 151,113.06	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 6,747.02	
82. Accounts receivable. Copy line 12, Part 3.	\$ 27,785.99	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00	
88. Real property. Copy line 56, Part 9.....	→	\$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 1,089,831.25	
90. All other assets. Copy line 78, Part 11.	+ \$ 800	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 1,276,277.32	91b. + \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 1,276,277.32

ADDENDUM A

Line 4.1: The USD associated with the cryptocurrency can vary pursuant to the cryptocurrency exchange rate

Line 11: Included in the \$61,283.05 is cryptocurrency. The USD associated with the cryptocurrency can vary pursuant to the cryptocurrency exchange rate.

Fill in this information to identify the case:

Debtor name Innovate Labs LLCUnited States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

2.1 Creditor's name	Describe debtor's property that is subject to a lien	
Creditor's mailing address	\$ _____	
Describe the lien		
Creditor's email address, if known	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.		

2.2 Creditor's name	Describe debtor's property that is subject to a lien	
Creditor's mailing address	\$ _____	
Describe the lien		
Creditor's email address, if known	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.		

<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	\$ _____	

page 1 of 1

Fill in this information to identify the case:

Debtor	<u>Innovate Labs LLC</u>
United States Bankruptcy Court for the:	District of <u>Delaware</u> (State)
Case number (If known)	_____

Check if this is an
amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <u>Colorado Dept of Labor & Employment</u> <u>633 17th Street, Suite 201</u> <u>Denver, CO 80202-3660</u> Date or dates debt was incurred <u>9/30/2024</u> Last 4 digits of account number <u>_____</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>75.00</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>CO PFML Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>75.00</u>
2.2	Priority creditor's name and mailing address <u>Colorado Dept of Labor & Employment</u> <u>633 17th Street, Suite 201</u> <u>Denver, CO 80202-3660</u> Date or dates debt was incurred <u>9/30/2024</u> Last 4 digits of account number <u>7 8 7 5</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>349.76</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>CO UI Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>349.76</u>
2.3	Priority creditor's name and mailing address <u>Colorado Dept of Revenue</u> <u>PO Box 17087</u> <u>Denver, CO 80217-0087</u> Date or dates debt was incurred <u>9/30/2024</u> Last 4 digits of account number <u>2 4 2 9</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: \$ <u>688.00</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>CO Income Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>688.00</u>

page 1 of 8

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

	Total claim	Priority amount
--	-------------	-----------------

2.4	Priority creditor's name and mailing address Internal Revenue Services Centralized Insolvency Operation Post Office, PO Box 7346 Philadelphia, PA 19101-7346	\$ <u>462.00</u>	\$ <u>462.00</u>
	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>9/30/2024</u>	Basis for the claim: <u>Federal UI Taxes</u>	
	Last 4 digits of account number <u>6 8 5 7</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.5	Priority creditor's name and mailing address Massachusetts Department of Family and Medical Leave One Ashburton Place, Suite 2112 Boston, MA 02108	\$ <u>95.84</u>	\$ <u>95.84</u>
	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>9/30/2024</u>	Basis for the claim: <u>MA PFML Taxes</u>	
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.6	Priority creditor's name and mailing address Massachusetts Dept of Revenue Bankruptcy Unit, PO Box 7090 Boston, MA 02204-7090	\$ <u>979.16</u>	\$ <u>979.16</u>
	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>9/30/2024</u>	Basis for the claim: <u>MA Income Tax</u>	
	Last 4 digits of account number <u>5 8 8 2</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.7	Priority creditor's name and mailing address New Jersey Division of Taxation 3 John Fitch Way, 5th Floor, PO Box 245 Trenton, NJ 08695-0245	\$ <u>19.05</u>	\$ <u>19.05</u>
	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date or dates debt was incurred <u>9/30/2024</u>	Basis for the claim: <u>NJ Quarterly Taxes</u>	
	Last 4 digits of account number <u> </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

2.8 Priority creditor's name and mailing address

New York State Department of Taxation
and Finance
Harriman Campus Road
Albany, NY 12227

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 33.15

\$ 33.15

Date or dates debt was incurred
8/31/2024

Basis for the claim:

NY Income Taxes

Last 4 digits of account
number _____

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.9 Priority creditor's name and mailing address

Oregon Employment Department
875 Union Street NE
Salem, OR 97311

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 240.00

\$ 240.00

Date or dates debt was incurred
9/30/2024

Basis for the claim:

OR PFML Taxes

Last 4 digits of account
number 9 7 5 1

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.10 Priority creditor's name and mailing address

Oregon Department of Revenue
955 Center Street NE
Salem, OR 97301-2555

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 13.92

\$ 13.92

Date or dates debt was incurred
9/30/2024

Basis for the claim:

OR ER Taxes

Last 4 digits of account
number 9 7 5 1

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.11 Priority creditor's name and mailing address

Texas Workforce Commission
101 E 15th Street
Austin, TX 78778

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

\$ 22.50

\$ 22.50

Date or dates debt was incurred
9/30/2024

Basis for the claim:

UI Taxes

Last 4 digits of account
number 2 6 4 3

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

2.12 Priority creditor's name and mailing address

Wyoming Department of Workforce
Services
PO Box 2760
Casper, WY 82602

As of the petition filing date, the claim is: \$ 648.37 **\$ 648.37**
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
6/30/2024

Basis for the claim:
UI Taxes

Last 4 digits of account
number _____

Is the claim subject to offset?
 No
 Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.13 Priority creditor's name and mailing address

Wyoming Department of Workforce
Services
PO Box 2760
Casper, WY 82602

As of the petition filing date, the claim is: \$ 864.50 **\$ 864.50**
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred
9/30/2024

Basis for the claim:
UI Taxes

Last 4 digits of account
number _____

Is the claim subject to offset?
 No
 Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.14 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?
 No
 Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

2.15 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?
 No
 Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Adam Fisk [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u> Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Carson Fisk-Vittori [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$ <u>1,525.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u> Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Derek Frech [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$ <u>9,149.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u> Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Exquisite Visions, Inc. 16192 Coastal Highway Lewes, DE 19958	As of the petition filing date, the claim is: \$ <u>443.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u> Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Harry Harpham [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$ <u>762.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u> Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Helen Hood [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$ <u>508.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u> Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Jenna Jerrine Mejia [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>2023 Tax Distribution</u>	\$ <u>452.00</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u>-----</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Luke Tucker [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u>	\$ <u>244.00</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u>-----</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Niall Donnelly [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u>	\$ <u>121,990.00</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u>-----</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Niall Donnelly [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Litigation</u>	\$ <u>UNDETERMINED</u>
	Date or dates debt was incurred Last 4 digits of account number <u>-----</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Noah Levenson [REDACTED] [REDACTED]	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2023 Tax Distribution</u>	\$ <u>191.00</u>
	Date or dates debt was incurred <u>8/29/2024</u> Last 4 digits of account number <u>-----</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Innovate Labs LLC

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address Percy Wegmann [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$ 7,283.00
		<i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		<input type="checkbox"/> Liquidated and neither contingent nor disputed
		Basis for the claim: <u>2023 Tax Distribution</u>
Date or dates debt was incurred 8/29/2024		Is the claim subject to offset? <input checked="" type="checkbox"/> No
Last 4 digits of account number -----		<input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$
		<i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: _____
Date or dates debt was incurred [REDACTED]		Is the claim subject to offset? <input type="checkbox"/> No
Last 4 digits of account number -----		<input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$
		<i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: _____
Date or dates debt was incurred [REDACTED]		Is the claim subject to offset? <input type="checkbox"/> No
Last 4 digits of account number -----		<input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$
		<i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: _____
Date or dates debt was incurred [REDACTED]		Is the claim subject to offset? <input type="checkbox"/> No
Last 4 digits of account number -----		<input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address [REDACTED] [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$
		<i>Check all that apply.</i>
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
		Basis for the claim: _____
Date or dates debt was incurred [REDACTED]		Is the claim subject to offset? <input type="checkbox"/> No
Last 4 digits of account number -----		<input type="checkbox"/> Yes

Debtor

Innovate Labs LLC

Name

Case number (if known) _____

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.2. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.3. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
41. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.5. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.6. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.7. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.8. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.9. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.10. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.11. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 4,510.30

5b. Total claims from Part 2

5b. + \$ UNDETERMINED

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ UNDETERMINED

Fill in this information to identify the case:

Debtor name	<u>Innovate Labs LLC</u>		
United States Bankruptcy Court for the:	District of	<u>Delaware</u> (State)	
Case number (If known):	Chapter	<u>7</u>	

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u> _____
	State the term remaining	<u>Indefinitely</u> _____
	List the contract number of any government contract	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u> _____
	State the term remaining	<u>Indefinitely</u> _____
	List the contract number of any government contract	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u> _____
	State the term remaining	<u>Indefinitely</u> _____
	List the contract number of any government contract	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u> _____
	State the term remaining	<u>Indefinitely</u> _____
	List the contract number of any government contract	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u> _____
	State the term remaining	<u>Indefinitely</u> _____
	List the contract number of any government contract	_____

page 1 of 3

Debtor

Innovate Labs LLC
Name

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	Exquisite Visions Inc. 16192 Coastal Highway Lewes, DE 19958
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.7	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	Fumakiya Jigar Vipulbhai ██████████
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	Igor Valentovitch ██████████
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	Kiran Kuumar Mohanty ██████████
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.10	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	Khoo Chiap Yang ██████████
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.11	State what the contract or lease is for and the nature of the debtor's interest	<u>Indefinitely Consulting Agreement</u>	Pamela Woods ██████████
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		
2.12	State what the contract or lease is for and the nature of the debtor's interest	<u>Consulting Agreement</u>	Tzu Ming Huang ██████████
	State the term remaining	<u>Indefinitely</u>	
	List the contract number of any government contract		

page 2 of 3

Debtor

Innovate Labs LLC

Name

Case number (if known)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p><u>Consulting Agreement</u></p> <p>State the term remaining</p> <p><u>Indefinitely</u></p> <p>List the contract number of any government contract</p> <p>_____</p>	<p>Wendel Castro</p> <p>_____</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p><u>Consulting Agreement</u></p> <p>State the term remaining</p> <p><u>Indefinitely</u></p> <p>List the contract number of any government contract</p> <p>_____</p>	<p>Woody Shortridge</p> <p>_____</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>_____</p> <p>State the term remaining</p> <p>_____</p> <p>List the contract number of any government contract</p> <p>_____</p>	<p>_____</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>_____</p> <p>State the term remaining</p> <p>_____</p> <p>List the contract number of any government contract</p> <p>_____</p>	<p>_____</p>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>_____</p> <p>State the term remaining</p> <p>_____</p> <p>List the contract number of any government contract</p> <p>_____</p>	<p>_____</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>_____</p> <p>State the term remaining</p> <p>_____</p> <p>List the contract number of any government contract</p> <p>_____</p>	<p>_____</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>_____</p> <p>State the term remaining</p> <p>_____</p> <p>List the contract number of any government contract</p> <p>_____</p>	<p>_____</p>
2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>_____</p> <p>State the term remaining</p> <p>_____</p> <p>List the contract number of any government contract</p> <p>_____</p>	<p>_____</p>

Fill in this information to identify the case:

Debtor name Innovate Labs LLCUnited States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): _____

 Check if this is an amended filingOfficial Form 206H**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

page 1 of 1

Fill in this information to identify the case:

Debtor name	<u>Innovate Labs LLC</u>
United States Bankruptcy Court for the:	<u>Delaware</u> (State)
Case number (If known):	_____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>1/1/2024</u> <u>MM / DD / YYYY</u> to <u>Filing date</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>1,000,000.00</u>
For prior year:	From <u>1/1/2023</u> <u>MM / DD / YYYY</u> to <u>12/31/23</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,700,000.00</u>
For the year before that:	From <u>1/1/2022</u> <u>MM / DD / YYYY</u> to <u>12/31/22</u> <u>MM / DD / YYYY</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>6,000,000.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>MM / DD / YYYY</u> to <u>Filing date</u>		\$ _____
For prior year:	From <u>MM / DD / YYYY</u> to <u>MM / DD / YYYY</u>		\$ _____
For the year before that:	From <u>MM / DD / YYYY</u> to <u>MM / DD / YYYY</u>		\$ _____

Debtor

Innovate Labs LLC

Name

Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1.	AAFCPAs Inc. Creditor's name 50 Washington Street Street	7/15/2024 8/20/2024	\$ 9,634.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2.	Westborough MA 01581 City State ZIP Code Allan Guwatudde Creditor's name [REDACTED] Street	9/16/2024 7/10/2024 8/9/2024	\$ 14,035.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3.	BMP LLP Creditor's name One California Street Street Suite 2500 San Francisco CA 94111 City State ZIP Code	9/10/2024 7/11/2024 8/9/2024 9/10/2024	\$ 8,820.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4.	Break Free Software, LLC Creditor's name 2620 Regatta Drive Street	8/9/2024 9/10/2024	\$ 10,890.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5.	Suite 102 Las Vegas NV 89128 City State ZIP Code BTP, LLC Creditor's name 51 Pleasant Street Street	9/27/2024 9/10/2024	\$ 14,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6.	Unit 262 Malden MA 02148 City State ZIP Code Deel, Inc. Creditor's name 650 2nd Street Street	8/2/2024	\$ 17,150.63	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7.	San Francisco CA 94107 City State ZIP Code Derek Frech Creditor's name [REDACTED] Street	7/1/2024- 8/30/2024	\$ 19,750.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services

Debtor	[REDACTED] City [REDACTED] State [REDACTED] ZIP Code			Case number (if known)		
Innovate Labs LLC Name						
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply		
3.8.	Foundation Law Group LLP Creditor's name 4100 W Alameda Ave Street 3rd Floor Burbank CA 91505 City State ZIP Code	<u>7/11/2024 -</u> <u>10/7/2024</u>	\$ <u>13,620.00</u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____		
3.9.	Fumakiya Jigar Vipulbhai Creditor's name [REDACTED] Street	<u>7/10/2024 -</u> <u>9/27/2024</u>	\$ <u>11,096.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____		
3.10.	Harry Harpham Creditor's name [REDACTED] Street	<u>7/11/2024</u>	\$ <u>19,374.99</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____		
3.11.	Oracle Creditor's name 500 Oracle Parkway Street	<u>8/30/2024</u>	\$ <u>41,400.42</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____		
3.12.	Redwood Shores CA 94065 City State ZIP Code	<u>8/29/2024</u>		<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____		
3.13.	Thompson Hine LLP Creditor's name 10050 Innovate Drive Street	<u>7/26/2024</u>	\$ <u>49,368.53</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____		
3.14.	Suite 400 Dayton OH 45342 City State ZIP Code	<u>7/15/2024 -</u> <u>8/16/2024</u>	\$ <u>37,457.66</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____		
	UnitedHealthcare Creditor's name PO Box 94017 Street			Insurance		
	Palatine IL 60094 City State ZIP Code		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____		

Debtor	Innovate Labs LLC			Case number (if known)
Name				
Creditor's name and address		Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.15.	Creditor's name Street City State ZIP Code		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.16.	Creditor's name Street City State ZIP Code		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider				
<p>List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. <i>Insiders</i> include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).</p>				
<input checked="" type="checkbox"/> None				
				Reasons for payment or transfer
4.1.	Insider's name and address	Dates	Total amount or value	
	Insider's name Street City State ZIP Code		\$ _____	_____
4.2.	Relationship to debtor		\$ _____	_____
	Insider's name Street City State ZIP Code		\$ _____	_____
	Relationship to debtor		\$ _____	_____

Debtor Innovate Labs LLC
Name _____

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____			\$ _____
5.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____			\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____			\$ _____
Last 4 digits of account number: XXXX- _____			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Niall Donnelly v. Innovate Labs, LLC, et al.	Breach of contract; Breach of fiduciary duty	Superior Court of California Name Hon. Cherol J. Nellon Street 111 North Hill Street Los Angeles CA 90012 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____			
24STCV10323			
Case title _____	Court or agency's name and address		
7.2. _____	Name _____		
Case number _____	Street _____		
	City State ZIP Code		

Debtor Innovate Labs LLC
Name

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

<input checked="" type="checkbox"/> None			
Custodian's name and address	Description of the property	Value	
Custodian's name		\$	_____
Street	Case title	Court name and address	
City	Case number	Name	
State		Street	
ZIP Code	Date of order or assignment	City	
		State	
		ZIP Code	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

<input checked="" type="checkbox"/> None	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).	Date of loss	Value of property lost
				\$ _____

Debtor Innovate Labs LLC
Name

Case number (if known) _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1.1.	Pashman Stein Walder Hayden, P.C.			
	Address		<u>8/21/2024</u>	<u>\$ 40,000.00</u>
	824 N. Market Street Street			
	Suite 800			
	Wilmington DE 19801 City State ZIP Code			
	Email or website address			
	<u>jbarsalona@pashmanstein.com</u>			
	Who made the payment, if not debtor?			
1.2.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Address			<u>\$ _____</u>
	Street			
	City State ZIP Code			
	Email or website address			
	Who made the payment, if not debtor?			
Self-settled trusts of which the debtor is a beneficiary				
List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case of a self-settled trust or similar device.				
Do not include transfers already listed on this statement.				
<input checked="" type="checkbox"/> None				
	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
				<u>\$ _____</u>
	Trustee			

Debtor Innovate Labs LLC
Name _____

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. _____ \$ _____

Address _____

Street _____

City _____ State _____ ZIP Code _____

Relationship to debtor _____

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

	Address	Dates of occupancy
14.1.	440 N Barranca Ave Street _____	From <u>Jan 2023</u> To <u>June 2024</u>
	Covina CA 91723 City _____ State _____ ZIP Code _____	
14.2.	556 S Fair Oaks Ave Street _____	From <u>Jan 2022</u> To <u>Jan 2023</u>
	Pasadena CA 90015 City _____ State _____ ZIP Code _____	
14.3.	3615 Tacoma Ave Street _____ Los Angeles CA 90065 City _____ State _____ ZIP Code _____	From 2015 To Jan 2022

Debtor

Innovate Labs LLC

Name

Case number (if known) _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	<p>Facility name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____</p>	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____ _____ _____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper </p>	
15.2.	<p>Facility name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____</p>	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____ _____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper </p>	

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained. Email addresses

Does the debtor have a privacy policy about that information?

 No Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

 No. Go to Part 10. Yes. Fill in below:

Name of plan

Innovate Labs 401(K) Plan

Employer identification number of the plan

EIN: 4 7 - 4 6 0 6 8 5 7

Has the plan been terminated?

 No Yes

Debtor Innovate Labs LLC
Name

Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. See Exhibit 1 Name Street City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name Street City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address _____			

Debtor Innovate Labs LLC _____ Case number (*if known*) _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	\$ _____
Street _____	_____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
_____	Street _____	_____	
_____	City _____ State _____ ZIP Code _____		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
_____	_____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Debtor Innovate Labs LLC _____ Case number (*if known*) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____	Name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____		EIN: _____ - _____ Dates business existed From _____ To _____
25.2. Name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____		EIN: _____ - _____ Dates business existed From _____ To _____
25.3. Name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____		EIN: _____ - _____ Dates business existed From _____ To _____

Debtor

Innovate Labs LLC

Name

Case number (*if known*) _____**26. Books, records, and financial statements**

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

 None

Name and address		Dates of service	
26a.1. See Exhibit 2		From	To
Name			
Street			
City	State	ZIP Code	
Name and address		Dates of service	
26a.2.		From	To
Name			
Street			
City	State	ZIP Code	

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None

Name and address		Dates of service	
26b.1. BPM LLP		From <u>1/2022</u>	To <u>8/30/2024</u>
Name			
One California Street			
Street			
Suite 2500			
San Francisco	CA	94111	
City	State	ZIP Code	
Name and address		Dates of service	
26b.2. Blockchain Tax Partners [BTP LLC]		From <u>2/2023</u>	To <u>present</u>
Name			
51 Pleasant Street			
Street			
#262			
Malden	MA	02148	
City	State	ZIP Code	

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None

Name and address		If any books of account and records are unavailable, explain why	
26c.1. AAFCPAs Inc			
Name			
50 Washington St			
Street			
Westborough	MA	01581	
City	State	ZIP Code	

Debtor Innovate Labs LLC _____ Case number (*if known*) _____

Name and address**If any books of account and records are unavailable, explain why**26c.2. Mary Hayes CPAName
64 Mountain Road
StreetCity
BerwickState
MEZIP Code
03908

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**

26d.1.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor	<u>Innovate Labs LLC</u> Name _____		Case number (if known) _____																								
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory \$ _____																								
	Name and address of the person who has possession of inventory records																										
27.2.	Name _____ Street _____ _____	City _____	State _____ ZIP Code _____																								
28.	List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.																										
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29.	Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?																										
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30.	Payments, distributions, or withdrawals credited or given to insiders																										
	Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?																										
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify below.																											
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Relationship to debtor																											
CEO and Director	_____																										

Debtor

Innovate Labs LLC

Name

Case number (*if known*) _____

30.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

Relationship to debtor _____

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

Name of the parent corporation _____

Employer Identification number of the parent corporation _____

EIN: _____ - _____ - _____ - _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
 Yes. Identify below.

Name of the pension fund _____

Employer Identification number of the pension fund _____

Guideline, Inc. _____

EIN: 4 7 - 4 6 0 6 8 5 7**Part 14: Signature and Declaration**

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/08/2024
 MM / DD / YYYY

/s/ Adam Fisk

Printed name Adam Fisk

Signature of individual signing on behalf of the debtor

Position or relationship to debtor CEO and Director

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

Exhibit 1

Financial Institution	Address	Last 4 digits of account	Type of Account	Date account was closed	Last balance before closing
Merrill Lynch	Private Wealth Advisor - CKWM Group, 110 N Wacker Drive 19th Floor, Chicago, IL 60606	6792	Investment	08.16.24	0
Bluevine Inc	401 Warren St, Suite 300, Redwood City, CA 94063	1142	Checking	09.05.24 - Approx	0
Bluevine Inc	402 Warren St, Suite 300, Redwood City, CA 94063	8302	Checking	09.05.24 - Approx	0
Bluevine Inc.	403 Warren St, Suite 300, Redwood City, CA 94063	9832	Checking	09.05.24 - Approx	0
Bluevine Inc.	404 Warren St, Suite 300, Redwood City, CA 94063	8706	Checking	09.05.24 - Approx	0
Bluevine Inc.	405 Warren St, Suite 300, Redwood City, CA 94063	6274	Checking	09.05.24 - Approx	0
Bluevine Inc.	405 Warren St, Suite 300, Redwood City, CA 94063	3422	Checking	09.05.24 - Approx	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.23.24	0
First Intetnet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.23.24	0
First Interent Bank of Indiana	8701 East 116th Street, Fishers, IN 46038		Checking	09.12.24	0
First Internet Bank of Indiana	8701 East 116th Street, Fishers, IN 46038	9459	Checking	09.12.24	0

Exhibit 2

Name	Address	Date of Service (from and to)
AAFCPAs Inc	50 Washington St, Westborough, MA 01581	March 2023 - present
BPM LLP	Once California Street, Suite 2500, San Francisco, CA 94111	Jan 2022 - Aug 30, 2024
Blockchain Tax Partners [BTP LLC]	51 Pleasant Street #262, Malden, MA 02148	Feb 2023 - present
Mary Hayes CPA	64 Mountain Road, South Berwick, ME 03908	July 2015 - Dec 2023

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

Innovate Labs LLC,

Debtor.¹

Chapter 7

Case No. 24-_____ (____)

VERIFICATION OF CREDITOR MATRIX

I, the Chief Executive Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: October 8, 2024

/s/ Adam Fisk _____
Adam Fisk
Title: Chief Executive Officer

¹ The last four digits of the Debtor's federal tax identification number are 6857. The Debtor's mailing address is 4845 Pearl East Circle, Suite 118, PBM 318052, Boulder, CO 80301.

Adam Fisk
[REDACTED]

Ahu Chen
[REDACTED]

Allan Guwatudde
[REDACTED]

Amirhossein Arabzadeh
[REDACTED]

Break Free Software, LLC
2620 Regatta Drive, Suite 102
Las Vegas, NV 89128

Carson Fisk-Vittori
[REDACTED]

Colorado Dept of Labor & Employment
633 17th Street, Suite 201
Denver, CO 80202-3660

Colorado Dept of Revenue
PO Box 17087
Denver, CO 80261-0087

Derek Frech
[REDACTED]

Dmitry Nikitenko
[REDACTED]

Exquisite Visions Inc.
16192 Coastal Highway
Lewes, DE 19958

Fumakiya Jigar Vipulbhai

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Harry Harpham

Helen Hood

[REDACTED]
[REDACTED]
[REDACTED]

Igor Valentovitch

[REDACTED]
[REDACTED]
[REDACTED]

Internal Revenue Services
Centralized Insolvency Operation Post Office
PO Box 7346
Philadelphia, PA 19101-7346

Jenna Jerrine Mejia

[REDACTED]
[REDACTED]

Khoo Chiap Yang

[REDACTED]
[REDACTED]

Kiran Kuumar Mohanty

[REDACTED]
[REDACTED]

Luke Tucker

[REDACTED]
[REDACTED]

Massachusetts Department of Family and
Medical Leave
One Ashburton Place, Suite 2112
Boston, MA 02108

Massachusetts Dept of Revenue
Bankruptcy Unit, PO Box 7090
Boston, MA 02204-7090

McCune Law Group, APC

18565 Jamboree Road, Ste. 550
Irvine, CA 92612

Niall Donnelly

[REDACTED]

NJ Dept of Revenue
NJ Division of Taxation
3 John Fitch Way, 5th Floor,
PO Box 245
Trenton, NJ 08695-0245

Noah Levenson

[REDACTED]

New York State Dept of Taxation and Finance
Harriman Campus Road
Albany, NY 12227

Oneshin Aiken

[REDACTED]

Oregon Department of Paid Family Medical
Leave
Oregon Employment Dept
875 Union Street NE
Salem, OR 97311

Oregon Dept of Revenue
955 Center Street NE,
Salem, OR 97301-2555

Pamela Woods

[REDACTED]

Percy Wegmann

[REDACTED]

Superior Court of CA
Hon. Cherol J. Nellon
111 North Hill Street

Los Angeles, CA 90012

Texas Workforce Commission
101 E 15th Street,
Austin, TX 78778

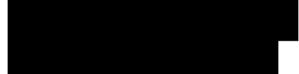
Tzu Ming Huang

A large black rectangular redaction box covering several lines of text.

Wendel Castro

A large black rectangular redaction box covering several lines of text.

Woody Shortridge

A large black rectangular redaction box covering several lines of text.

Wyoming Department of Workforce Services
PO Box 2760
Casper, WY 82602

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

Innovate Labs LLC,

Chapter 7

Case No. 24-____ (____)

Debtor.¹

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTORS

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that my firm, Pashman Stein Walder Hayden, PC (“Pashman”) is counsel for the above-captioned debtor (the “Debtor”) and that compensation paid to Pashman within one year before the filing of the petition in bankruptcy, or agreed to be paid to Pashman, for services rendered or to be rendered on behalf of the Debtor in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, Pashman has agreed to accept	\$40,000.00
Prior to the filing of this statement Pashman has received	\$40,000.00
Balance Due	\$0.00

2. The source of the Chapter 7 Payment to Pashman was the Debtor.

3. Pashman has not agreed to share the above-captioned disclosed compensation with any other person unless they are a partner, counsel, or associate of Pashman.

4. In return for the above-disclosed fee, Pashman has agreed to pay the filing fees required to commence this bankruptcy case and has further agreed to render legal services relating to this bankruptcy case, including:

¹ The last four digits of the Debtor’s federal tax identification number are 6857. The Debtor’s mailing address is 4845 Pearl East Circle, Suite 118, PBM 318052, Boulder, CO 80301.

- a. Analysis of the Debtor's financial situation, and rendering advice to the Debtor in determining whether to file the bankruptcy petition;
- b. Preparation and filing of the voluntary petition in bankruptcy and certain other documents that may be required; and
- c. Representation of the Debtor at the meeting of creditors, and any adjourned hearing thereof.

CERTIFICATION

I hereby certify that the foregoing is a complete statement of any agreement or agreement for payment to Pashman for representation of the Debtor in this bankruptcy proceeding.

Dated: October 8, 2024
Wilmington, Delaware

PASHMAN STEIN WALDER HAYDEN, P.C.

/s/ Joseph C. Barsalona II
Joseph C. Barsalona II (No. 6102)
Alexis R. Gambale (No. 7150)
824 N. Market Street, Suite 800
Wilmington, DE 19801
Telephone: (302) 592-6496
Email: jbarsalona@pashmanstein.com
agambale@pashmanstein.com

Counsel to the Debtor